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ABSTRACT

The literature on incest was reviewed with specific emphasis on the psychological impact that the incestuous relationship has on the female victim. The goals of the review were to identify the psychological impact of incest as supported by clinical observations and empirical research and to review literature on intervention strategies. These symptoms of the psychological repercussions of incest are discussed: fear; depression and low self-esteem; guilt and self-blame; external locus of control and poor impulse control; lack of assertiveness; dissociative experiences; and psychosexual disturbances. Treatment studies are reviewed, and it is noted that empirical studies exploring effective treatment strategies for incest victims have failed to keep pace with treatment outcome findings. Family or group therapy and individual therapy studies are included. Treatment approaches are evaluated based on their effectiveness in addressing the symptoms identified in the impact literature. The review concludes that, although a number of studies investigating the impact of incest have linked the sexual activity to later maladaptive behavior, this link is not as clear or conclusive as researchers would like. It is noted that these conclusions are tentative at best due to the small and convenient samples used, as well as methodological limitations. Suggestions are made for future intervention strategies and further research on the psychological impact of incest. (ABL)

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THE PSYCHOLOGICAL IMPACT OF INCEST ON ITS VICTIM: A REVIEW OF THE LITERATURE AND IMPLICATIONS FOR TREATMENT

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THE PSYCHOLOGICAL IMPACT OF INCEST ON ITS VICTIM: A REVIEW OF THE LITERATURE AND IMPLICATIONS FOR TREATMENT

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by

Karin Ruth Tamura

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ABSTRACT

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ON ITS VICTIM: A REVIEW OF THE LITERATURE
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Karin Ruth Tamura

The literature on incest was reviewed with specific emphasis on the psychological impact that the incestuous relationship has on the female victim. The first goal was to identify the psychological impact of incest as supported by clinical observations and empirical research. The second goal was to review the literature on intervention strategies. The treatment approaches were evaluated based on their effectiveness in addressing the symptoms identified in the impact literature. Suggestions were made for future intervention strategies and further research of the psychological impact of incest.

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The Psychological Impact of Incest on Its Victim: A Review of the Literature and Implications for Treatment

Our society's hesitancy to address incest directly is well expressed by the titles that mental health professionals assign to books on family violence and sexual abuse: Conspiracy of Silence (Butler, 1978), The Broken Taboo (Justice & Justice, 1979), and The Silent Sin (Woodbury & Schwartz, 1971). Although titles such as these convey the idea that our society is yet unwilling to confront the issue of incest, it is promising to note the increase in the publication of books that deal solely with the sexual victimization of children. In Mrazek's (1983) bibliography of 44 books addressing child sexual abuse, 19 deal explicitly with incest. Over 50% of these books have been published within the past nine years.

In spite of the increasing availability of incest literature and psychological services designed to aid incest victims and victimizers, incestuous families continue to exert tremendous effort to maintain the "secret" of incest. This failure to address what is "taboo" serves to protect the family from social disapproval, legal ramifications, and possible disintegration. For example, based on an anonymous questionnaire survey administered to 796 female college students, Finkelhor (1980) found that 63% of those

reporting prior incest had not told anyone about their experience. Researchers have noted that some mothers collude with the perpetrator due to disbelief, jealousy toward the daughter, fears of income loss, fear of the perpetrator, and/or an alleged loyalty to the perpetrator (Justice & Justice, 1979; Browning & Boatman, 1977). These maternal actions and attitudes may increase the victim's doubt of her own perceptions of reality and keep her from seeking help.

The family's maintenance of the secret is a limiting factor in obtaining accurate statistics concerning the prevalence of incest in our society. Based on the findings of his general survey, Finkelhor (1980) estimates that about 9% of all women become the sexual abuse victim of a relative. Over 50% of these women are believed to be victims of father-daughter incest. This estimate is consistent with the findings of a previous study (Burgess & Holmstrom, 1975) that reported that almost one half of the offenders in the sample were the victim's father or father-surrogate. A more recent study of the prevalence of incest reported that 4.6% of women surveyed had experienced a father-daughter type incestuous relationship (Russell, 1983). The findings from a study of 437 young girls who were admitted to a psychiatric hospital for emotional problems (Husain & Chapel, 1983) showed that 13.9% of the girls had been victims of incest. Two-thirds of all cases

of incest in this study involved natural fathers or father-surrogates. The prevalence rates of incest victims among general outpatient caseloads have been noted to be as high as 33% (Rosenfeld, 1979). These incidence statistics are important in not only recognizing the prevalence of incest in our society, but in increasing our understanding of the psychological ramifications of incest.

The current review attempts to accomplish two goals. The first goal is to review the research on incest in order to identify the psychological impact that the incestuous relationship has on the victim. Unless otherwise indicated, the information presented applies to the female victim of father-daughter incest since general consensus holds that the closer the identification of the offender to the victim, the greater the pathology.

The second goal is to review the literature on psychological treatment of incest victims. Since there is virtually no empirical research on the effectiveness of treatment programs for incest victims, this section of the review will concentrate on reviewing the clinical literature on intervention strategies. The suggested treatment approaches will be evaluated in terms of how adequately they address the various symptoms identified in the impact literature. The paper concludes with suggestions for developing a comprehensive clinical approach to treating incest victims including strategies

for outcome research.

Psychological Impact of Incest

The repercussions of incest may vary across individuals and may manifest themselves immediately following the incestuous experience and/or much later in life. Based on clinical observations of 32 incest victims seen over a 15 year period, Westermeyer (1978) noted that in several cases the victim displayed no apparent residual effects from the incest for many years. The victims were reported to later become preoccupied with the event upon subsequently developing a psychiatric disorder. This time gap between the sexual activity and symptom manifestation may account for the varied clinical observations of women and children identified as victims of incest.

The following sections of this review will focus on the psychological repercussions of incest. Eight categories comprise the symptom profile of incest victims presented in the literature: fear, depression and low self-esteem, guilt and self-blame, external locus of control and poor impulse control, lack of assertiveness, dissociative experiences, and psychosexual disturbances.

Fear

Based on informal interviews of 42 sexual abuse victims admitted through the emergency ward at Boston City

Hospital, Burgess and Holmstrom (1975) identified fear as the victim's initial reaction to the incestuous experience. Sixty-four percent of the victims were under age 9 and almost half of the perpetrators were members of the victim's family. Based on the victims' descriptions of the incestuous experience and what prevented them from disclosing the sexual activity, the authors contend that the fear occurs primarily in response to the pressure of maintaining secrecy. This pressure creates considerable tension which may result in a symptomatic display of intensified fear. Thus, secrecy becomes a source of the victim's fear and serves as a reminder of the unacceptable nature of the sexual activity (Summit, 1983).

Fear may also be expressed in response to expected punishment or to the reaction that outsiders might have to the sexual activity. Some authors suggest that how the familial and/or social environment reacts to the incest victim's experience affects the victim as much or more than the sexual activity itself (DeFrancis, 1969; Mrazek, 1980). If parental disbelief and rejection are experienced, the victim's fearfulness, tentativeness, and confusion might be intensified to the point of helplessness, hopelessness, isolation and self-blame (Summit, 1983). Fragmentation of the family structure following the disclosure of the secret sexual activity confirms the threats and fears the victim experienced since the onset of the incestuous relationship.

The incest victim's feelings of fear and isolation may become further intensified by the offender's reminders of the danger of disclosing the secret (Summit, 1983). Threats are frequently used as a warning to maintain the secret. A threat of violence may be far less noxious to the victim than the threat of losing the love or security that the family structure provides. The victim may fear parental abandonment if she were to disclose the incest and therefore may choose to live with feelings of having been betrayed by her security source. A diagnostic evaluation of 10 sexually abused children, ages 5 to 11, who were referred to the National Center for the Prevention and Treatment of Child Abuse and Neglect revealed that child victims are frequently preoccupied by feelings of insecurity or lack of safety (Johnston, 1979). Seven of the children had been sexually abused by a father or father-surrogate. The victims were administered a series of projective tests consisting of the Conger Sentence Completion test, the Kinetic Family Drawing test, and the Connor Children's Self-Rating Scale. Drawings and sentence completion responses revealed themes of fearfulness in almost all of the children, as evidenced by fears of their homes being torn down or being attacked and consumed by monsters. While these findings appear to be related to the secretive nature of the incestuous experience and the victim's fear of disclosure, they must be interpreted with

caution since no comparison measures of non-abused children are cited.

It seems reasonable to suggest that measures of fear are frequently confounded by the context within which the assessments were made. The self-report data that is typically used by researchers is greatly influenced by the respondent's perceived degree of anonymity and fear of the incestuous relationship becoming public knowledge. Since much of the research is gathered from court reports, it is obvious that the subjects' anonymity was not protected. Court-identified samples may also present with emotional or behavioral difficulties that are due to the court experience, or are at least exacerbated by this experience. Thus, it becomes necessary to separate out the effects due to incest from those due to the victim's fear of familial, legal, and social ramifications.

Depression and Low Self-Esteem

Depression and low self-esteem are commonly reported by incest victims. Kaufman, Peck, and Tagiuri (1954) studied 11 girls, ages 10 to 17, who were molested by their father or father-surrogate. Depression was found to be universal in this sample. Symptoms of depression ranged from expressed suicide threats to mood-swings. Somatic complaints characteristic of depression such as fatigue, loss of appetite, sleep disturbance, and an inability to

concentrate were reported by almost all of the girls. A psychological battery, comprised of an intelligence test, the Rorshach, and the Thematic Apperception Test (TAT), was administered to 7 of the 11 girls. Depression was reflected in all of the girls' Rorshach and TAT reponses. In the later test the girls uniformly depicted the mother figures as cruel and depriving.

The mother's failure to intervene and stop the sexual activity between her husband and daughter conveys many nonverbal messages to the victimized daughter. The daughter may perceive her mother's failure to intervene as abandonment. This perception may suggest to the daughter that she is unworthy of her mother's love. Such feelings of unworthiness are often generalized to other relationships that the victim has and may come to be a vital component of her self-image. The victim's poor self-image and the failure of the mother-daughter may predispose the victim to search for acceptance and protection in abusive relationships later in life. It is suggested that the victim's poor self-image and distorted relationships might serve to decrease her ability to develop more positive heterosexual relationships, as manifested in one's engaging in more abusive relationships (Summit, 1983).

The daughter may also experience her mother as a silent partner in the incestuous relationship, approving of the sexual activity. Furthermore, the daughter may

perceive her mother to be relinquishing her maternal role (Finkelhor, 1978). This may provoke the daughter to function as a parent and assume responsibility for household duties, child care, and finances. Gelinas (1983) refers to this process as parentification. The parentified daughter may gradually develop her self-identity around the caretaking of others. The relational imbalances in the family suggest to the victim that she has no rights to reciprocity, particularly for her own needs.

James' (1977) administration of a Self Esteem Inventory to nine incest victims in a treatment unit of a juvenile institution revealed, on the average, a lower score on six measures of self-concept when compared to control group subjects. The Self Esteem Inventory was of the author's design. The two control groups were comprised of non-incest institutionalized girls in the same treatment unit and noninstitutionalized girls who had not experienced incest, respectively. The averaged self-esteem scores of the two control groups were identical. Thus, it does appear that the incest experience is associated with low self-esteem when controlling for institutionalization. However, no statistical comparisons were reported and it remains to be seen whether or not the difference is statistically significant.

In a self-identified sample of eight incest victims responding to advertised treatment, Van Buskirk and Cole

(1983) found that the majority of women had a significant discrepancy between their self-concept and their ideal self. The subjects were administered the Leary Interpersonal Checklist, a measure of reported self-concept, ideal constructs, and perception of significant others. The subjects reported dissatisfaction with themselves and said they would like to be more assertive, self-reliant, self-confident, and less gullible. However, without a comparison group it cannot be stated with certainty that this discrepancy between self-concept and ideal self is unique to incest victims.

Owens (1984) administered the Rorshach to 17 female outpatient psychotherapy patients having a history of incest, as well as to a matched control group of patients without such a history. The incest group reported significantly fewer reflection responses, a measure suggested to represent self-centeredness or egocentricity (Exner, 1974). While these results seem to indicate that psychotherapy patients with a history of incest have less self-concern and egocentricity than patients without such a history, no statistical comparisons with women who were not in treatment were reported.

Guilt and Self Blame

The victim's eventual realization of the shamefulness of the incident results in a diminishing of her own

self-image. This realization often comes about when the victim recognizes that her behavior is different from that of her peers. The results of an open-ended questionnaire administered to 52 incest victims, ages 13 to 19, support this view (Topper, 1979). All of the subjects in this study reported feeling ashamed and expressed worry about what other people would think about her incestuous experience. The incest victims feelings of being different from peers was also conveyed in their concern over how people would react if they knew about the incest.

Guilt feelings often arise as a result of the trouble caused the family by the disclosure of the incestuous relationship. The victim may experience guilt for having placed the offender in a position of trouble, having been involved in the occurence and derived some means of gratification from the sexual activity, and not having disclosed the secret immediately.

One study (Kaufman et al., 1954) of 11 girls, ages 10 to 17, revealed that all of the girls experienced guilt feelings about the incest experience. The authors report that when the incest was detected the girls' verbalized guilt was primarily in reponse to the disruption of the home, rather than the seuxal activity itself.

External Locus Of Control, Impulse Control, and Assertiveness

It appears that the child victim of incest, as compared to the adolescent victim, is more apt to perceive the locus of control for events as external rather than as a consequence of her personal action. Based on their literature review of how abuse effects the adolescent's development of a locus of control, Galambos and Dixon (1984) hypothesized that the duration of abuse is a probable factor in determining the effects on the victim's personal sense of control. This hypothesis is based on a previous study by Prawat, Jones, and Hamptom (1979) which determined that the development of an internal perception of control largely takes place during preadolescence. Because child incest victims have been denied this development of a personal sense of control, they are expected to be more externally controlled than adolescent victims.

Along with studies investigating the abused victim's perception of control, other studies have examined the victim's impulse control. The psychological effect of incest on children was studied by evaluating the drawings of human figures made by 18 incest victims and 17 children referred for treatment for nonsexual issues (Yates, Beutler, & Crago, 1985). While the subjects were matched for age and socioeconomic background, all of the incest

victims had been court referred. This may have introduced confounding variables due to the court experience or emotional or behavioral difficulties which were at least exacerbated by this experience. Raters blind to group membership subjectively evaluated the pictures along 15 dimensions derived from an item analysis of the clinical literature. A series of t-tests revealed female incest victims to be significantly lacking in impulse control. Furthermore, incest was reported to interfere significantly with the victim's ability to utilize repressive defenses. This may result in a more difficult time establishing relationships with others and the inability to channel sexual and aggressive drives into socially approved activity. While these defensive characteristics appear unique to the incest victim, the results must be interpreted with caution since the sexualized drawings by the incest victims may be related to a selection bias. It seems reasonable to hypothesize that the impulsive child may be more likely to reveal the incest, whereas the incest victim who is able to sublimate might be less likely to reveal the incest.

Dissociative Experiences

The younger victim's response is often characterized by a resistance to go outside or to school, spontaneous crying, changes in sleep patterns, and the occurrence of

dreams and nightmares in which fears may be expressed (Burgess & Holmstrom, 1975). When no way of escape is perceived, the adolescent victim may employ a variety of mechanisms in an attempt to dissociate from the incestuous relationship. Seeking altered states of consciousness, drugs, alcohol, and suicide attempts are some of the patterns disclosed by incest victims participating in group therapy.

Alcoholism, drug-dependency, and anorexia nervosa were among the symptoms reported by several incest victims in three short-term support groups (Gordy, 1983). It was reported that a suicidal member of one group led the majority of the women in this group to disclose a history of contemplated or attempted suicide.

Blake-White and Klein (1985) reported that the pattern of symptoms displayed by incest victims in an out-patient group treatment program paralleled that of individuals suffering from post-traumatic stress disorder. In the first five years of the program over 100 victims participated in support groups ranging from 8-10 members per group. The authors report that many of the victims voluntarily disclosed a history of alcohol abuse and/or an excessive use of prescription and nonprescription drugs. The incest victims claimed that these methods were used to avoid the anxiety associated with the incestuous experience and a way to push the memory from consciousness.

Goodwin, Simms, and Bergman (1979) reported that in some cases hysterical seizures may develop as a result of incest. In their review of the records of 12 psychiatric patients admitted for hysterical epilepsy, 6 of the individuals reported prior incest, although it is not specified as to whether or not the initial incestuous experience occurred prior to the manifestation of seizures. Clinical observations revealed two similarities among the hysterical seizures experienced by the incest victims. The repetitive movement of the seizures appeared to reflect sexual stimulation, as well as an attempt to resist the sexual assault. The fact that the seizures ceased in all of the incest victims when the incest experience was addressed in therapy lends further support for the conclusion that hysterical seizures may be one of the ways that incest victims cope with their experience.

Hysterical characterological disturbance was noted in 5 of the 6 incest victims seen in a sample of 18 female psychiatric patients (Rosenfeld, 1979). The remaining incest victim was a 12 year old child. None of the five victims were assessed to be psychotic and were diagnosed with either Hysterical Character Disorder or Hysterical Neurosis. No specifics on the symptomology displayed by the subjects is provided. It is difficult to assess whether the hysterical profile is unique to incest victims since the psychiatric patients without a history of incest

were diagnosed similarly.

Multiple personality has been noted by a few authors as one of the ways incest victims cope with feelings resulting from the sexual activity (Saltman & Solomon, 1982). The intolerable guilt and rage that is associated with being sexually exploited can be split off into a separate personality.

Psychosexual Disturbances

At this point it is important to note that whatever maladaptive coping mechanisms the victim employs as a child are likely to be carried into adulthood. Numerous case studies of adult women in psychotherapy have been presented to support the view that repressing the experience of incest may be a significant determinant of psychological disturbance in later years (e.g., Herman & Hirschman, 1977; Sloan & Karpinski, 1942).

In a study of childhood molestation in which 90% of the clinical sample had been molested by a relative, it was reported that the victims had significantly poorer adjustment in later life than the nonclinical group or the matched control group (Tsai, Feldman-Summers, & Edgar, 1979). This was determined using self-report measures of psychosexual functioning and the Minnesota Multiphasic Personality Inventory (MMPI). With regard to the MMPI, the results indicated that a woman who was a victim of incest

in childhood and currently seeking treatment displayed a variety of maladaptive behaviors. These behaviors consisted of an attitude of distrust toward the external world, difficulty in becoming emotionally involved with others, the perception of sex as a hostile act which provides for the release of anger, and a tendency to choose men inferior to themselves whom they could dominate. Thus, it appears evident that being a victim of incest has the potential to restrict one's capacity for establishing social and sexual relationships.

Goodwin et al. (1979) also report disturbances of a psychosexual nature in which two-thirds of the incest victims studied were promiscuous, and the remaining victims were either nonorgasmic or homosexual.

The MMPI profiles of 16 prepubertal incest victims, when compared to a control group of 16 nonincestuous psychotherapy patients matched on such variables as age, education, ethnicity, and referring therapist, revealed no significant difference in the mean profile on any scale (Meiselman, 1980). Yet, the incest group answered significantly more critical items pertaining to sexuality than did the nonincestuous individuals. While these results suggest that incest victims experience significantly greater sexual disturbance, this conclusion can only be made in comparison to the sample control group of nonincestuous psychotherapy patients.

The inability to form stable heterosexual relationships may reflect the victim's contempt for the offender, as suggested by the lifestyle of prostitution that many incest victims have been reported to adopt (James & Meyerding, 1977). Using questionnaires and interviews, James and Meyerding studied the relationship between early sexual experience and prostitution. In their study it was found that the first sexual experience of 36.6% of the prostitutes sampled was incestuous in nature. Furthermore, 25.5% of the perpetrators were either the natural father or father-surrogate in the victim's childhood.

Contempt may also lead many incest victims to adopt a sexual orientation of homosexuality. The results of an extensive questionnaire answered by 225 lesbians and 233 heterosexual women, matched on variables of age, region of residence, education, and amount of therapy revealed findings in support of this view (Gundlach, 1977). The data revealed a total of 115 cases of sexual molestation, although the authors findings are based on only 78 of these cases. Forty-eight of these women claimed themselves to be homosexual and the remaining 30 women were reported to be heterosexual. The findings of this study suggest that women molested by a stranger, regardless of age at the time of molestation, are as frequently homosexual as heterosexual. Of the 13 women who reported sexual victimization by a relative, 12 later became lesbians. It

is important to note that the majority of male perpetrators in these incidents were fathers of the victim. This lends support to the hypothesis that the closer the identification of the offender to the victim, the greater the difficulty in forming heterosexual relationships. However, it appears that a number of subject variables were not controlled in this study, among them the maternal support the daughters received and the consistency of a father-figure during childhood. No empirical information is provided concerning group differences on these variables, although it is possible that these factors were more influential in adopting an orientation of homosexuality than the incestuous experience.

In a study of the incidence and types of sexual dysfunctions experienced by rape and incest victims, Becker, Skinner, Abel, and Treacy (1982) interviewed 83 female victims of rape and/or incestuous assult. A General Information Sheet was used to gather information about subject and perpetrator characteristics and The Sexual Arousal Inventory was administered to discriminate between sexually dysfunctional and nondysfunctional women. The authors concluded that dysfunctional incest victims reported a significantly greater incidence of secondary nonorgasmia than did dysfunctional rape victims. The dysfunctional incest victims also reported a much higher incidence of primary nonorgasmia, to which the authors

suggested that the development of primary nonorgasmia might be a result of the early nature of the sexual activity that typically occurs with incest victims.

While the findings of Becker et al. (1982) are informative and helpful in beginning to distinquish the psychosexual effects of incest from rape, the methodological design implemented by the authors suggests that the findings be interpreted with caution. Of foremost concern with this study is the fact that the authors failed to distinquish incest victims who had been raped from those who were not. This seems to raise some questions concerning the generalization of the study results since there is the possibility that the combined experience of rape and incest, rather than the incestuous activity alone, may have accounted for this greater incidence of primary and secondary nonorgasmia.

Secondly, 40% of the subject sample consisted of women who were recruited through various forms of the media with the remaining subjects referred by community services (Becker et al., 1982). It remains unclear which individuals had received treatment prior to the study. It seems reasonable to suggest that whether or not one had received prior treatment might account for the observed differences between sexually dysfunctional rape and incest victims.

A single measurement device, the Sexual Arousal

Inventory, was used to discriminate sexually dysfunctional from nondysfunctional women. Despite the various analyses that were conducted, Becker et al. (1982) were unable to precisely determine what distinguished sexually dysfunctional subjects from those who were sexually functional. It should also be noted that whether or not one's sexual dysfunction was classified as assult-related was based solely on self-report. Those women who reported their dysfunction as unrelated to the assult were eliminated from further data analysis. This group comprised 17.7% of the study sample, which raises some concern about the data that went unanalyzed as well as the role which prior treatment might have on one's linking sexual dysfunction with the assult experience.

Therefore, based on the methodological design of this study (Becker et al., 1982), it is difficult to state with any certainty that incest victims experience more extreme and specific forms of psychosexual distress than do rape victims. Furthermore, it remains unclear whether or not incest victims experience greater psychosexual disturbance due to the incestuous activity than the general population since there was no comparison sample.

Treatment Studies

Empirical studies exploring effective treatment strategies for incest victims have failed to keep pace with

treatment outcome findings. To date, there is virtually no empirical evidence that any particular type of psychological treatment is more effective than any other form of treatment for victims of incest. Many authors propose that, whenever possible, family therapy is the modality of choice in treating victims of incest (Giaretto, H., Giaretto, A. & Sgroi, S., 1978; Kroth, J., 1979; Sholevar, G., 1975). Contrary to the view of these professionals, Meiselman (1978) notes that there are numerous problems with family therapy when treating incest victims since the father may refuse to cooperate and the focus on family therapy may enhance the victim's guilt feelings. Furthermore, family therapy is often not feasible, as the victim may have been removed from the home, the victim and/or offender may refuse interaction with one another, or a significant period of time may have elapsed since the time of the incestuous experience such that the victim is no longer in contact with the offender due to death or other situational variables.

In a study devised to discover the characteristics of incest treatment programs and to determine which approaches to treating incestuous families are perceived to be most effective (Forseth & Brown, 1981), a survey was mailed to 58 treatment professionals and/or treatment programs response rate of 62% was achieved. Group therapy was mentioned as the most frequently preferred approach for

treating incest victims, followed by family therapy and individual therapy. It is noteworthy that only 76% of the respondents offered group therapy, whereas 89% and 93% implemented family therapy and individual therapy, respectively. One of the most significant findings of this study was that not all of the professionals surveyed were in agreement on the most effective treatment modality.

While a few studies employing various treatment procedures exist in the literature, a critical analysis of the treatment methods currently used is vital for the design of future and more effective treatment programs. The following section of this review will focus on individual, group, and family therapy strategies that are presented in the literature.

Individual Therapy

Although individual therapy for incest victims appears to be more prevalent than group or family therapy, there is a scarcity of literature concerning specific treatment strategies that are unique to individual therapy. Clinical observations of child incest victims in individual psychotherapy noted that the child victim may be unable to trust the therapist and may have difficulty forming a stable therapeutic realtionship (Krieger, Rosenfeld, Gordon, & Bennett, 1980).

Boatman, Borkan, & Schetky (1981) suggest that the

healthy client-therapist relationship may foster feelings of trust of which the victim has been deprived and never had a chance to develop. It appears that what is most essential for effective individual treatment may be the incest victim's greatest struggle. The authors address victim's need for predictability and consistency in the therapeutic relationship and the therapist's need to refrain from responding to the victim's seduction. Unusual surprises and the granting of special privileges suggests to the victim that there is little difference between the perpetrator and the therapist. Furthermore, streching the usual boundaries of the therapeutic relationship places the victim in a special catagory, as did the sexual activity, and reinforces the victim's feelings of being different, and hence, isolated (Courtois & Watts, 1982).

Boatman's et al. (1981) clinical observations over a five year period found individual therapy to be particularly beneficial for the very young incest victim. The authors contend that play therapy provides a mode of communication between the therapist and the client that is comfortable and non-threatening for the child. Boatman et al. compiled their data based on 40 child incest victims who were seen in one or more treatment modalities: individual psychotherapy, family therapy, or group therapy. The authors noted individual therapy to be very helpful as an adjunct to group of family therapy since it allows the

therapist an opportunity to assess the victim's perception of her family members. Furthermore, it may help validate the victim's feelings about various family members and the incestuous experience.

In Rosenfeld's (1979) study of 18 female psychiatric patients, 4 of the 5 incest victims who were in individual psychotherapy were reported to have benefited. Identity issues, independence, and feelings of safety were the central focus over the course of treatment. Rosenfeld did not focus on sexual issues with any of these victims, all of whom remained in therapy for a minimum of six months. Although improvement was reported for all four cases, no mention was made of specific techniques or behavioral measures.

As was noted earlier in this review, the development of multiple personalities has been identified as one way that incest victims may seek to dissociate from the pain of the incestuous experience. Saltman & Solomon (1982) have proposed a number of treatment guidelines based on their work with six cases of multiple personality involving incest. These guidelines are believed to have important implications for incest victims who might have a greater tendency to dissociate. The authors suggest seeing the client for a minimum of three times per week since the tendency to dissociate has been shown to disrupt the continuity of therapy. These dissociative tendencies are

also noted to be enhanced by the therapist's mere investigation of the client's internal processing.

While individual therapy has been shown to be effective in dealing with difficulties forming trust, poor self-esteem, and dissociative elements, individual therapy is absolutely contraindicated in cases of ongoing incest. Gelinas (1983) notes that individual treatment of victims of ongoing incest can be worse than no treatment at all and may serve to violate the victim's loyalty to her family. Furthermore, Gelinas notes that individual therapy concurrent with ongoing incest merely convinces the incestuous family that treatment is ineffectual and creates intense feelings of helplessness in the victim.

Herman & Hirshman (1977) argue that individual psychoanalysis is useless if not detrimental with incest victims. The authors contend that psychoanalytic therapy isolates the victim by focusing on the victim's feelings of guilt and inadequacy. Boatman et al. (1981) concur, stating that individual therapy is ineffective in helping the victim overcome feelings of being isolated and different and dealing with relational difficulties with peers. Boatman et al. have also suggested that individual therapy may recreate the conditions of secrecy which have come to be associated with the incestuous experience.

Group Therapy

The results of a follow-up survey of 28 incest victims who completed short-term group therapy suggests that this modality is particularly effective in resolving issues of secrecy, shame, and stigma that is typically associated with incest (Herman & Schatzow, 1984). Fifty women were referred by local agencies and private practioners and then interviewed as prospective group members. Inclusion in a group was based on three conditions: (1) that prospective members express positive expectations about participating in the group; (2) that prospective members not be in crisis and have intact support; and (3) that prospective members have an appropriate ongoing relationship with an individual therapist. Thirty women were selected to participate and assigned to one of five groups. Each group consisted of five to seven members and two co-therapists. The groups met once a week for ten weeks and a follow-up survey was sent six months after termination. The authors report that the group members consistently indicated at follow-up that they would have liked additional sessions, but not an open-ended format.

The initial sessions focused on the importance of regular attendance and each member was encouraged to define a goal which she hoped to reach by the final session. The next few sessions consisted of the members sharing their incestuous experiences in detail. No interpretations of

group dynamics, individual resistances, or unconscious material were made. The final phase of treatment focused on each member's achievement of her personal goals.

Herman and Schatzow (1984) infer that motivation for treatment is more predictive of successful treatment outcome than such factors as age, race, diagnosis, or sexual orientation. Furthermore, it is suggested that the short-term format facilitated bonding within the group, permitted concentrated focus on the incestuous experience, and decreased the members' resistance.

Seventy-one percent of the group members returned the follow-up questionnaire that was sent six months following termination. Herman and Schatzow (1984) report that all of the 20 respondents claimed that the single most helpful aspect about group treatment was the contact it provided with other incest victims. Eighty-five percent of the women reported improved self-esteem, 80% indicated feeling less ashamed and guilty, and 75% believed themselves to be less isolated.

Hazzard, King, and Webb (1986) discuss pragmatic issues of therapy based on their study of group therapy with sexually abused adolescents in which incest victims were represented in the sample. The authors conducted two consecutive groups, both comprised of a female cotherapist team and each lasting three months. The authors use of cotherapy teams is reflective of the findings of Forseth

and Brown's (1981) survey of professional attitudes towards treating incest. The respondents to this survey cited one professional working alone as the least prefered method of treating intrafamilial sexual abuse.

A total of 11 sexually abused adolescent girls were seen in treatment, their sexual assault ranging from a single episode of rape by a stranger to ongoing incest with an adult male family member (Hazzard et al., 1986). The authors report the second group to have been more effective in facilitating the emotional growth of group members due to its focus on group dynamics which were interpreted to reflect family dynamics. The first group was reported to have been comprised of fewer members and to have suffered a greater attrition rate such that the heterogeneity of the group members became more apparent. Secondly, the authors suggest that the initial unfamiliarity of the cotherapists with one another in the first group, contrary to the established working relationship of the cotherapists in the second group, might have accounted for its being less facilitative.

The neutrality of the meeting location is emphasized by Hazzard et al. (1986), as is the selection of therapists as important factors for group work with incest victims. The optimal model suggested is that of cotherapists, with two female therapists leading initial group sessions and a male-female cotherapist team leading more advanced

sessions. Based on their clinical observations, the authors report female cotherapists to be more effective in facilitating initial trust and openness, whereas male-female cotherapists are believed to better elicit anger and seductive behavior from the group members. This natural progression from learning to trust to the expression of repressed anger appears to be a common process occurring in group treatment. Thus, the effectiveness of a female cotherapist team seems to be substantiated.

Hazzard et al. (1986) suggest that the selection of group members should be based primarily on individual maturity rather than chronological age. This criterion for selection is reported to assure a similar level of emotional and psychological functioning across group members. As was noted by Bender & Grugett (1952), feelings of being different from one's peers and feelings of isolation are common to incest victims as compared to the general population. Thus, it appears that group member selection might be a more critical issue when treating victims of incest and might be dealt with most effectively via a group treatment model.

Hazzard et al. (1986) also emphasize the need for group members' regular attendance for the establishment of trust. Nevertheless, they do address the value of an open group format where the issue of trust and other issues worked through during initial sessions might be

recapitulated. It is possible that the use of an open group might be more effective in later phases of treatment and in treatment with adults rather than children and adolescents due to chronicity factors.

Although the group treatment evaluated by Hazzard et al. (1986) was not conducted exclusively with incest victims, a number of important issues were raised concerning how to best treat this population. Such issues as group homogeneity and cotherapist dynamics might prove to be very sensitive issues for incest victims in treatment. For example, a lack of homogeneity might serve to reinforce the incest victim's feelings of isolation, or the lack of a consistent working relationship between cotherapists might fail to assist the group members in working through maladaptive communication patterns established in their families of origin.

Although the effectiveness of the model proposed by Hazzard et al. (1986) is based solely on subjective clinical judgment, these elements appear to be prominent issues for future research. A standardized evaluation of pragmatic issues of group treatment is needed. It would also appear beneficial to determine which of these factors are most influential in treatment with adolescent incest victims as compared with adult or child victims.

In concert with Hazzard et al. (1986), Blake-White and Kline (1985) believe female cotherapists to be most

effective in working with female incest victims during the initial phases of treatment. The authors' premise is that incest victims have an initial distrust of men and have a tendency to perform for men and grant them power when beginning treatment. In contrast to Hazzard et al. (1986) and Herman and Schatzow (1984), Blake-White and Kline propose an open group format that allows one to observe other members working through the different stages of therapy so that she can expect a positive outcome. Future research is needed which would isolate these factors and determine their role on the effectiveness of treatment.

Blake-White and Kline (1985) focus on treating the dissociative process they believe to be prominent in incest victims, emphasizing that as children these women were very effective in keeping their incestuous experience out of their consciousness by denying its existence and dissociating themselves from the sexual act when it occurred. The authors illumine the need to accept and validate the surface emotions that these women express so that they might come to trust their own feelings which will lead to their getting in touch with repressed emotions and memories.

The treatment strategies of Deighton and McPeek (1985), implemented in their work with adult victims of incest, are derived from a family therapy model and incorporate the techniques of Murray Bowen and James Framo.

During the initial phases of therapy, the women are assisted in learning to differentiate from their families of origin and in dealing with feelings of isolation that perpetuate their perceived status of victims. Later phases of therapy focus on the womens' roles in their families and an attempt is made in the beginning to repair the emotional cut offs from family members which served to reinforce these feelings of isolation and victimization. The opportunity to discuss their experiences with other incest victims is reported by the group members to be the most helpful element of treatment.

Deighton and McPeek (1985) implemented a group format consisting of 5 to 7 members meeting on a weekly basis for 30 weeks. The group format is presented as a way of dealing with initial issues of isolation. In an attempt to combat the external resistance these women often experience, husbands and boyfriends are encouraged to maintain contact with the male therapist throughout the duration of treatment. In later stages of treatment, the cotherapists meet with the members and their male partners for conjoint sessions. Contrary to the previous studies cited, Deighton and McPeek (1985) believe that a male-female cotherapist model is essential in providing a sense of safety to the group while at the same time granting the women an opportunity to explore their feelings toward men.

It is noteworthy that 11 of the 13 women participating

in the 2 groups conducted by Deighton and McPeek (1985) had received individual therapy prior to group treatment. These women reported individual treatment to have been unsuccessful due to their therapist's lack of knowledge and objectivity concerning incest related issues. While this subjective measure is insufficient grounds for refuting the benefit of individual therapy for incest victims, it does raise some concern for the need of educated therapists in treating this population.

While Deighton and McPeek (1985) report an overall decrease in suicidal ideation, suicidal attempts, and depressive episodes and an increase and improvement in family of origin and adult relationships, this evaluation is based solely on clinical judgment and self-report. Common to the aforementioned treatment studies, no standardized measurement devices were administered.

A focus on separation/individuation is also implemented in the group therapy format reviewed by Wooley and Vigilanti (1984) in which approximately 50 adult incest victims participated. The authors reviewed the clinical charts of women who had terminated from the incest group after a 3 to 12 months and inferred that the group format is particularly beneficial in helping incest victims extricate themselves from double-bind situations. Wooley and Vigilanti define the double-bind as a no-win situation where the incest victim receives conflictual messages from

the family in a way that does not allow her to escape. The authors propose that the double-bind prohibits the incest victim from undergoing the normal process of separating and individuating from parental figures.

The first stage of the group format includes the victim's awareness that she is not alone in her experience. This stage is then followed by an educative process of learning about communication patterns and role relationships that existed in the victim's family. Wooley and Vigilanti (1984) claim that the process of group therapy permits the incest victim to release repressed emotions which are then positively reinforced and appropriately labeled. As a trusting relationship develops within the group, both positive and negative emotions can be expressed without threats of punishment or loss of the relationship. During the later stage of group therapy, a grieving process is said to occur in which members recognize their losses as related to the incestuous experience. Wooley and Vigilanti contend that the grieving process is essential to the individuation process.

Although the effectiveness of Wooley and Vigilanti's (1984) model is based solely on subjective clinical judgment, these elements appear to be prominent issues for future research. A standardized evaluation of factors which facilitate the separation/individuation process appears helpful in designing more effective treatment

programs for incest victims.

Family Therapy

Several programs available to incest victims and their families are founded on family systems theory. Kroth (1979) describes a longitudinal study evaluating the success of the treatment program at The Child Sexual Abuse Treatment Program (CSATP) in San Jose, California. The CSATP has provided treatment for intrafamilial sexual abuse since 1971.

The therapeutic modality implemented at CSATP is a multi-stage approach that attempts to involve all family members. The initial stage of treatment includes individual therapy for the victim, mother, and father. The family members are then seen in dyads such as mother-daughter therapy, father-daughter therapy, and marital therapy. The family is then recruited into family therapy and group therapy during the final stage of treatment.

Kroth's (1979) evaluation of the CSATP was comprised of three comparison groups representing incestuous families at the intake level, middle phase of treatment, and near termination. The groups were matched on 10 criteria and 44 separate measures of behavioral and attitudinal change were used to evaluate the effectiveness of the CSATP treatment model. The author reports that victims showed a significant decrease in guilt feelings and psychosomatic

symptomology and a significant improvement in peer and paternal relationships over the course of treatment.

In the absence of normative data with which Kroth's (1979) data can be compared, the conclusion that the CSATP mode of treatment is highly effective must be made with caution. Furthermore, the author fails to specify and comment on the validity of the measures used in the study. Because the data on the child victims in this study were provided by adults, one if left to question the parents' accuracy in describing their children.

Conclusions

Although a number of studies investigating the impact of incest have linked the sexual activity to later maladaptive behavior, this link is neither as clear or conclusive as we would like. These conclusions are tentative at best due to the small and convenient samples used, as well as the methodological limitations which have been cited. We have yet to answer questions concerning the implications for the victim's development of a concept of sexuality; how the incestuous experience, if not dealt with, will affect the victim psychodynamically; and whether or not the victim will ordinarily be found lacking adult identification and socialization, as compared to the general population.

The literature suggests the need for further study of

the developmental processes that accompany incest rather than replicated studies that provide mere descriptive listings of the pathology that characterizes the incest victim. This will require longitudinal studies of the incest victim's development into maturity and the utilization of standardized measurement procedures to determine the degree and duration of the pathology displayed by victims of father-daughter incest. While descriptive literature on incest victims and treatment programs is increasing in availability, evidence concerning what differentiates incest victims from the general population and other treatment populations, as well as the precise elements of effective treatment, remains inconclusive.

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